



## APPLICATION FOR INTRASTATE MEDICAL WAIVER

Washington Utilities & Transportation Commission and Washington State Patrol rules and regulations authorize intrastate drivers who do not meet minimum medical standards to apply to the Department of Licensing for an **intrastate** medical waiver. Please use this form to apply. It must be filled out by the driver and medical examiner and **must be accompanied by a copy of the DOT physical** showing results of the complete medical examination.

You may mail the completed application to:

**CDL Program, Department of Licensing, PO Box 9030, Olympia, WA 98507-9030**  
or Fax to 360-586-8351. For questions, call 360-902-3860.

DRIVER'S LAST NAME	FIRST NAME	MIDDLE INITIAL	DRIVER LICENSE NUMBER
RESIDENCE ADDRESS			
CITY	STATE	ZIP CODE	(AREA CODE) PHONE NUMBER
MAILING ADDRESS			
CITY	STATE	ZIP CODE	
DESCRIPTION OF MEDICAL CONDITION FOR WHICH THE WAIVER IS REQUESTED			
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ATTESTATION <i>I certify that the above statements are true and correct. I understand that false statements on this application may result in cancellation of my commercial driving privilege.</i>			
<b>X</b> _____ SIGNATURE		_____ DATE	

**MEDICAL--Must be completed by a licensed medical doctor (MD), a doctor of osteopathy (DO), a board certified physiatrist (doctor of physical medicine) or an orthopedic surgeon**

PRINT MEDICAL EXAMINER NAME & TITLE	(AREA CODE) PHONE NUMBER	
OFFICE STREET ADDRESS		
CITY	STATE	ZIP CODE
ATTESTATION <i>The above named driver's medical condition is not likely to interfere with the ability to safely operate a commercial motor vehicle. My medical opinion is that this driver's condition is likely to remain stable for:</i>		
<input type="checkbox"/> <i>the next two years</i> <input type="checkbox"/> <i>other</i> _____ NOT MORE THAN TWO YEARS		
<b>X</b> _____ SIGNATURE		_____ DATE